

CERTIFICATION - DIRECTORATE

INSTRUCTIONS FOR COMPLETION: FILL IN ALL BLANKS, AS APPROPRIATE. THIS FORM MUST BE SIGNED BY THE REGIONAL DIRECTOR; ASSISTANT DIRECTOR; CHIEF, OFFICE FOR HUMAN RESOURCES; CHIEF, OFFICE OF LAW ENFORCEMENT; OR DIRECTOR, NATIONAL CONSERVATION TRAINING CENTER, OR THEIR DESIGNATED ACTING. THIS SIGNATURE AUTHORITY MAY NOT BE REDELEGATED.

The undersigned, the _____ for the _____
(Title) (Region/Office)

Fish and Wildlife Service, in _____, _____, does hereby certify to the Assistant Director - Planning and Budget, in her capacity
(City) (State)
as the senior contact person tasked with coordinating searches in the Fish and Wildlife Service for records responsive to congressional requests, that:

1. The undersigned has reviewed the request from _____, _____
(Name) (Title and Name of Committee)
_____, dated _____, which asks for _____
(Describe requested records)

2. The undersigned has (i) reviewed the certification checklist and (ii) if appropriate (a) answered accurately and completely all questions posed on such checklist; and (b) attached an accurate and complete signed copy of such checklist to this Certification.

3. CIRCLE THE APPROPRIATE ALTERNATIVE:

The undersigned reasonably believes that there are no staff in the Region/Office who would be possible possessors of records responsive to the request and so has not required that any staff in the Region/Office review the checklist, undertake a search for records that should be responsive to the request or provide a staff certification.

OR

The undersigned also has (i) delivered a copy of such checklist and a staff certification to each person in the Region/Office reasonably believed to be a possible possessor of records that should be responsive to the request; (ii) asked that each such person (a) undertake a good faith search for all records within such person's possession or control, including each category of record listed on such checklist, and (b) deliver to the undersigned an accurate and complete signed checklist and staff certification, together with a copy of any responsive records located.

AND

The undersigned has received a staff certification form from each staff person who the undersigned reasonably believed to be a possible possessor of records that should be responsive to the request, that certified that such person undertook a good faith search for, and produced copies of, any records found that were responsive to the request (or that no such records were found); and the undersigned believes or has reason to believe that (i) such staff persons undertook their searches in good faith and (ii) either (a) the responsive records delivered with such staff certification constitute all such responsive records or (b) there are no responsive records, within the possession or control of such staff persons.

4. CIRCLE THE APPROPRIATE ALTERNATIVE:

The undersigned believes or has reason to believe that the records produced with this certification constitute all records responsive to the request within the possession or control of the staff in the Region/Office.

OR

The undersigned believes or has reason to believe that there are no records responsive to the request within the possession or control of the staff in the Region/Office, and, accordingly, has not produced any records.

5. The following is information needed to calculate the costs associated with performing the search for and production of records in this Region/Office:

Number of pages duplicated _____ Total Cost: \$ _____

Total Regional/office cost for overnight mail \$ _____

Hours/Grades of Individuals Performing Work: **GRADE LEVEL** **NUMBER OF HOURS** **TOTAL COST**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SIGNATURE

TYPED/PRINTED NAME AND TITLE

DATE